WORKING CONDITIONS AND PSICOSOCIAL EFFECTS OF MUSCULOSKELETAL DISORDERS IN A CALL CENTER AND NURSES IN COSTA RICA

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Background and aims

Musculoskeletal disorders in upper and lower limbs affect many workers and represents important working and economic losses. Its relation with repetitive motions and psychosocial conditions at work are being suggested as risk factors. We report preliminary results from a survey performed in Costa Rica in two working populations: call center operators (C-C) and nurses. This study belongs to a multicenter study of Southampton Hospital.

Methods

A sample of call center workers (N=237) and nurses from the social security service (N=250) were assess through a questionnaire, with personal data, current working conditions, health status, upper and/or lower limb discomfort during last 12 months and past month, and was applied to both populations. Psychosocial conditions at work were assessed by ISTAS-21: psychological demands, active performance, employer' social support and compensation. Data was analyzed separately by department, location of disability for both populations.

Results

Women represented 64% in both populations. Media of age was 25 years for both populations. Women report more limbs'disabilities and also more years of continuance in the organization in both populations. Repetitive motions are reported frequently in both genders and populations (64 and 65%). Possibility on assignment of own tasks were reported in 48% (C-C); and 20% (nurses), impossibility for decision on own recesses: 44% and 80% respectively. Hand and wrist disabilities were reported more frequently among youngers, while shoulder and elbow in older workers in C-C. Back and shoulder disabilities were reported more frequently among young nurses, while back and knee problems were more frequent among older nurses. Results on psychosocial effects and comparison of other variables between both populations are in process and will be presented.

Conclusions

Prevalence of disabilities is more frequently reported in women, which could be related to longer continuity on work organization and cumulative exposures. Analysis of extra-work (family) factors is needed.

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